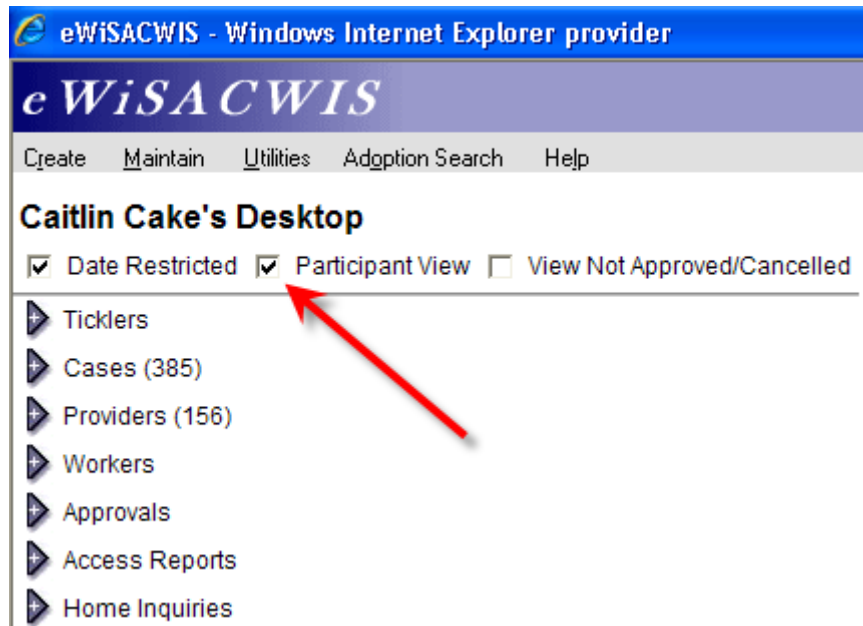
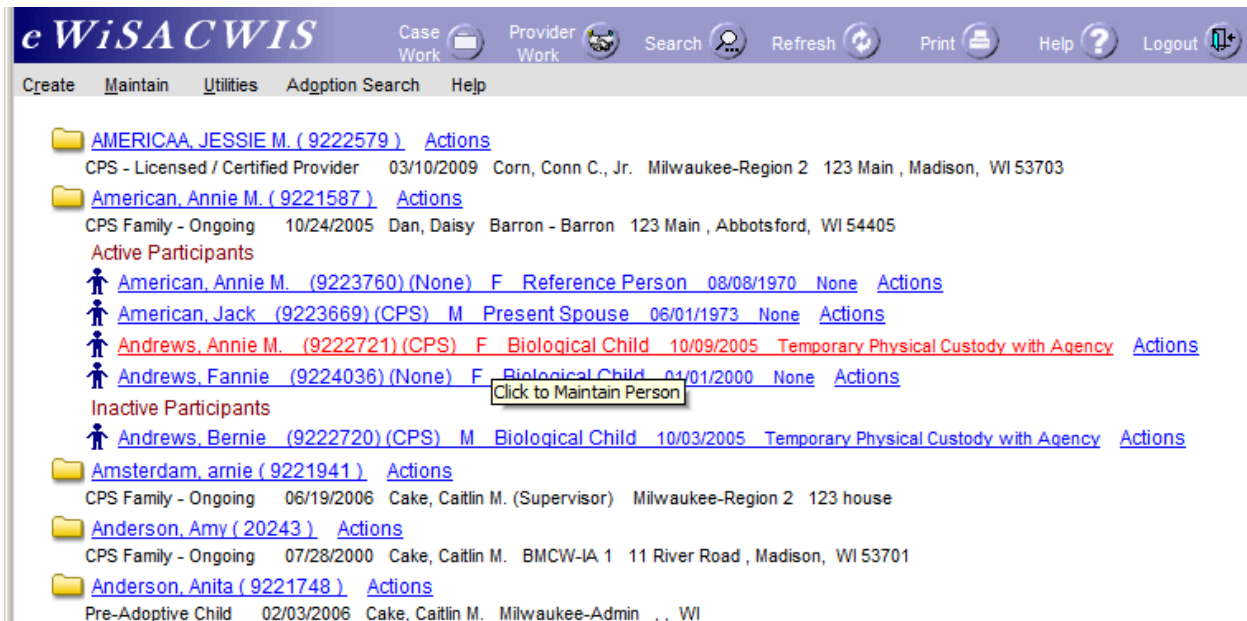


Person Management

1. From the desktop, there are two ways to access the Person Management page:
 - a. The first is to select the Participant View checkbox:



Then expand the case and select the participant to open the Person Management page.



- b. The second is to click on the case name to open the Maintain Case page:

The screenshot shows the eWiSACWIS application interface. At the top is a navigation bar with icons for Case Work, Provider Work, Search, Refresh, Print, and Help. Below this is a menu bar with links: Create, Maintain, Utilities, Adoption Search, and Help. The main content area displays a list of cases, each with a folder icon, a name and ID in parentheses, and an 'Actions' link. The cases listed are:

- Altman, Simon (9220003) Actions
- CPS Family - Ongoing 12/10/2001 Clark, Supervisor BMCW-Admin 33 Marion Ave. , Madison, WI 53705
- AMERICA, JESSIE M. (9222579) Actions
- CPS - Licensed / Certified Provider 03/10/2009 Corn, Conn C., Jr. Milwaukee-Region 2 123 Main , Madison, WI 53703
- American, Annie M. (9221587) Actions
- CPS Family - Ongoing 10/24/2005 Dan, Daisy Barron - Barron 123 Main , Abbotsford, WI 54405
- Amsterdam, arnie (92219417) Actions
- CPS Family - Ongoing 06/19/2006 Cake, Caitlin M. (Supervisor) Milwaukee-Region 2 123 house
- Anderson, Amy (20243) Actions
- CPS Family - Ongoing 07/28/2000 Cake, Caitlin M. BMCW-IA 1 11 River Road , Madison, WI 53701
- Anderson, Anita (9221748) Actions
- Pre-Adoptive Child 02/03/2006 Cake, Caitlin M. Milwaukee-Admin , , WI

A tooltip with the text 'Click to Maintain Case' is positioned over the 'Amsterdam, arnie (92219417)' case name.

Click the name hyperlink of the participant in the Active Participants group box (or Inactive Participants group box by expanding the Inactive Participants expando) to open the Person Management page.

The screenshot shows the 'Maintain Case - ID: 9221587' page in a Windows Internet Explorer browser window. The page header includes the eWiSACWIS logo and navigation links: Print, Spell Check, and Help. The main content area is divided into sections for case information and participant management.

Case Information:

- Case: 9221587
- Name: American, Annie M.
- Case Type: CPS Family - Ongoing
- Status: Open 10/24/2005
- County: Barron
- Site/Region: Barron - Barron
- CARES Case #:
- County Case #:
- ☐ Restricted
- Designation: [Select Program](#)

Participants:

Name	Person Type	Rsp	Hshld	DOB	Gndr	Relationship	Legal	Prg	
American, Annie M. (9223760)	None	<input checked="" type="checkbox"/>	U	08/08/1970	F	Reference Person	N/A	N	DeAct Rem
American, Jack (9223669)	CPS	<input checked="" type="checkbox"/>	U	06/01/1973	M	Present Spouse	N/A	N	DeAct Rem
Andrews, Annie M. (9222721)	CPS	<input checked="" type="checkbox"/>	Y	10/09/2005	F	Biological Child	Tempor: Physical Custody with Agency	N	DeAct Rem
Andrews, Fannie (9224036)	None	<input checked="" type="checkbox"/>	Y	01/01/2000	F	Biological Child	N/A	N	DeAct Rem

Number of Household Members: 2 [Insert](#)

Inactive Participants

Options: [Go](#) [Save](#) [Close](#)

2. The Basic tab of Person Management contains name, demographic, Race and Ethnicity, Tribal, and any adoption and/or guardianship information. **Red** fields throughout eWiSACWIS indicate the elements that are reportable to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS). It is important to enter as much information as possible in Person Management, and update information throughout the life of a case. Much of the information entered here prefills to other work in eWiSACWIS, such as the Case and Permanency Plans.

The [KIDS Data Comparison](#) hyperlink appears in the lower left corner of the Basic group box only when eWiSACWIS has received verified demographic or address information from KIDS. Clicking the hyperlink opens a KIDS Data Comparison page where the demographic and address information from KIDS can be accepted. See the KIDS Data Comparison User Guide for additional information.

The screenshot shows the 'Person Management' window for 'Andrews, Annie M. (9222721)'. The 'Basic' tab is selected. The form contains several sections: 'Name' (ID: 9222721, First Name: Annie, MI: M, Last Name: Andrews), 'Basic' (Gender: Female, Birth Date: 10/09/2005, US Citizen Status: U.S. Citizen, SSN: 111-11-1111), 'Race/Ethnicity/Tribal Identification' (Race: White, Ethnicity: Caucasian), and 'Adoption History' (Child was previously Adopted: No). A red circle highlights the 'KIDS Data Comparison' link in the Basic section. The form also includes a 'Person Type' dropdown (CPS), checkboxes for 'This is an Unborn Child' and 'Live birth did not occur', and various other demographic fields like 'County Person ID', 'Citizenship Verification', 'Birth Place', 'Death Date', 'HSRS ID', 'MCI ID', 'Primary Language', 'Second Language', 'Third Language', 'Fourth Language', 'Religion', 'Preferred Place of Worship', 'Interpreter Required', 'Indian Tribe', 'Clan', 'Status', and 'Tribal Membership #'. The 'Options' dropdown is set to 'Go', and 'Save' and 'Close' buttons are at the bottom right.

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Basic Parent Info Additional Address Education Characteristics Medical/Mental Health Supplemental MMH

Name
ID: 9222721 Prefix: First Name: Annie MI: M Last Name: Andrews Suffix:
[Person Type](#): CPS ☐ This is an Unborn Child ☐ Live birth did not occur

Basic
Gender: Female **US Citizen Status**: U.S. Citizen **County Person ID**:
Birth Date: 10/09/2005 **Citizenship Verification**: Birth Certificate **SSN**: 111-11-1111
Commitment#: - **Birth Place**: **Death Date**: 00/00/0000
Wisconsin Resident: Yes **Identity**: **HSRS ID**:
Religion: **Marital Status**: **MCI ID**:
Preferred Place of Worship:
☐ Interpreter Required **Primary Language**: English **Second Language**:
[KIDS Data Comparison](#) **Third Language**: **Fourth Language**:

Race/Ethnicity/Tribal Identification
Race: White **Ethnicity**: Caucasian **Hispanic/Latino**: No
Race: **Indian Tribe**: **Indian Tribe 2**:
Race: **Clan**: **Clan 2**:
Race: **Status**: **Status 2**:
Race: **Tribal Membership #**:

Adoption History
Child was previously Adopted: No

Options: Go Save Close

The Adoption History and Guardianship History group boxes provide the functionality to document a known history of adoptions and/or guardianships for the child. The default value for the 'Child was previously Adopted' and 'Child was previously in a Guardianship' is Not Determined. Upon selecting a value of Yes, additional data fields display to capture more information about the adoption or guardianship episode. Once an episode has been entered and saved, a View History checkbox will be displayed. An Insert button will also display to allow multiple episodes to be entered. Fields remain editable until the Insert button is selected to add a new episode. A Delete hyperlink becomes available as soon as a new episode is inserted. Additional information is available for some fields by placing the cursor over the Details flare next to the field.

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Basic Parent Info Additional Address Education Characteristics Medical/Mental Health Supplemental MMH

Adoption History

Child was previously Adopted: Yes

Please document EACH finalized adoption that occurred, of which the child was the subject. Include any historical information. You must save the page between each documented adoption.

Updated on:	By:	Adopted By:
Type of Adoption: Details		
Relative Adoption:	Pre-Adoptive Relationship to Child:	Child Receives WI Adoption Assistance
State Adoption Occurred in:	Adoption Agency: Details	
Placing State:	Age Adopted:	Not Applicable
Date of Adoption Finalization:	Age at Finalization:	
Adopted with siblings:	Did all siblings reenter care?	

Guardianship History

Child was previously in a Guardianship: Yes

Please document EACH established guardianship that occurred, of which the child was the subject. Include any historical information. You must save the page between each documented guardianship.

Updated on:	By:	Guardianship Type: Details
Child is currently in a Guardianship:		
Guardian receiving payment:	Relative Guardianship:	
State Guardianship Occurred in:	County or Jurisdiction Guardianship Occurred in: Details	
Date Guardianship Established:	Age when Guardianship established:	

Options: Go Save Close

3. The Person Type is similar to the case type, but is person specific. The Person Type is automatically set by eWiSACWIS in most instances. In other instances, the Person Type needs to be selected for a child who has involvement with county or state child welfare or juvenile justice agency. To update the Person Type, click the [Person Type](#) hyperlink. This will open the Person Type page. On the Person Type page, select or unselect the appropriate type(s).

The screenshot shows a web browser window titled "Person Type -- Webpage Dialog". The browser's address bar displays "eWiSACWIS". The page has a blue header bar with the text "eWiSACWIS" and navigation links: "Print", "Spell Check", and "Help". Below the header, the page is divided into two main sections. The first section, titled "Person", contains a text field labeled "Name:" with the value "Andrew s, Annie M". The second section, titled "Roles", contains a list of person types with checkboxes. The "Child Protective Services (CPS)" option is selected. At the bottom right of the dialog, there are two buttons: "Continue" and "Close".

Select	Person Type
<input type="checkbox"/>	Adoption Interstate Compact on Adoption and Medical Assistance (Adopt ICAMA)
<input type="checkbox"/>	Adoption (Adopt)
<input type="checkbox"/>	Child Welfare (CW)
<input checked="" type="checkbox"/>	Child Protective Services (CPS)
<input type="checkbox"/>	DCF Guardianship - County Custody (DCF Guard)
<input type="checkbox"/>	Interstate Compact on the Placement of Children (ICPC)
<input type="checkbox"/>	ICPC Pre-Adoptive Child (ICPC Pre-Adopt)
<input type="checkbox"/>	Juvenile Justice (JJ)
<input type="checkbox"/>	Pre-Adoptive Child (Pre-Adopt)
<input type="checkbox"/>	Subsidized Guardianship ICAMA (SG-ICAMA)
<input type="checkbox"/>	Subsidized Guardianship (SG)
<input type="checkbox"/>	Unborn Child (Unborn)

4. The Parent Info tab allows for documentation of the child's mother and father and relationship to each other. [Search](#) hyperlinks are used to search out the correct person for the corresponding section. Additionally, options are available to enter the child's Guardian, Indian Custodian and/or the Legal Custodian. Once a name is selected, it can still be changed via the associated hyperlink- [Search](#) [Edit](#) [Remove](#). Information entered into the Adoption Referral group box prefills into the Adoption Referral.

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWISACWIS Print Spell Check Help

Basic **Parent Info** Additional Address Education Characteristics Medical/Mental Health Supplemental MMH

Person Information

Child's Mother: Annie M American [Search](#) [Edit](#) [Remove](#) **Child's Father:** Jack American [Search](#) [Edit](#) [Remove](#)

☐ Child's legal guardian? ☐ Child's legal guardian?

Spouse: Spouse:

Type: Type: PA Number:

Current Marital Status: Current Marital Status:

Mother Married at Child's Birth: **Father Married at Child's Birth:**

☒ Mother TPR ☒ Father TPR

Current Relationship of Parents to Each Other:

☐ Relinquishment Case

Child's Guardian (1): [Search](#) Child's Guardian (2): [Search](#)

Indian Custodian (1): [Search](#) Indian Custodian (2): [Search](#)

Legal Custodian (1): [Search](#) Legal Custodian (2): [Search](#)

Adoption Referral

Birth Mother Social/Mental/Physical Conditions: [Add/Edit](#)

Birth Father Social/Mental/Physical Conditions: [Add/Edit](#)

Options: [Go](#) [Save](#) [Close](#)

5. The Additional tab is used to identify any AKA (Also Known As) Names for that person. Examples of AKATypes are maiden names, nicknames, previous names, and aliases. These names can also be included in a person search.

This tab displays any completed Background Checks (see the Background Check User Guide) and any recorded images of the child. This tab also documents whether the child is a Teen Parent and Kinship information.

Finally, relationships between all participants in a case are displayed on this tab.

The screenshot shows the 'Person Management' window for 'Andrews, Annie M. (9222721)'. The 'Additional' tab is selected, showing sections for 'AKA Names', 'Background Checks', 'Physical Description', 'Child/Youth Image', and 'Child Information'. The 'AKA Names' section is currently empty. The 'Physical Description' section includes fields for height, weight, eye color, and hair color, along with a text area for a physical description. The 'Child Information' section contains checkboxes for 'Child is a Teen Parent' and 'Teen Parent's Child Resides with Him/Her', as well as fields for 'CARES PIN' and 'Monthly Amount of any Child Unearned Income'.

Entry Date	Type	First Name	Last Name	MI	Delete
No records found.					

Insert

Background Checks

Physical Description

Height: feet inches Weight: pounds Eye Color: Hair Color:

Last Updated By:

Physical Description (e.g. clothing, glasses, hairstyle/color, teeth, braces, scars, tattoos, body piercing(s), acne, freckles, birthmarks, discolorations, injuries, etc.):

More... Less... Default

Child/Youth Image

Child Information

☐ Child is a Teen Parent CARES PIN:

☐ Teen Parent's Child Resides with Him/Her Monthly Amount of any Child Unearned Income:

Options: Go Save Close

6. The Address tab is used to document current and historical phone numbers, email contacts, and addresses associated to the person. Creating an Out-of-Home Placement automatically updates the child's current Primary Residence address with the provider's address and is not editable. Additionally, the address for a home provider cannot be updated via the Person Management page (it must be done via the Create Physical Address page via the provider record).

When the **View All Addresses** checkbox is unchecked, all addresses associated with the Person record where the "Entry Date" is equal to the "End Date" will be hidden from view and not displayed. When the checkbox is checked, all addresses associated with the Person record will be displayed on the page.

The Insert button on the bottom of each group box allows a new phone number, email contact or address to be inserted.

The screenshot shows the 'Person Management' window for 'Andrews, Annie M. (9222721)' in the 'eWiSACWIS' system. The 'Address' tab is selected, displaying three sections: 'Phone Numbers', 'E-Mail Contacts', and 'Address Information'. Each section contains a table of records and an 'Insert' button. The 'Phone Numbers' table has columns for Type, Phone Number, Ext, Begin Date, End Date, and Description. The 'E-Mail Contacts' table has columns for Type, E-Mail Address, Begin Date, End Date, Primary, and a checkbox. The 'Address Information' section includes a 'View All Addresses' checkbox and a list of addresses. At the bottom, there are 'Options', 'Go', 'Save', and 'Close' buttons.

Type	Phone Number	Ext	Begin Date	End Date	Description
Home - Primary	(608)266-5642		06/06/2016	00/00/0000	Conversion

Phone Numbers Insert

Type	E-Mail Address	Begin Date	End Date	Primary
Personal	aandrews@gmail.com	02/15/2017	00/00/0000	<input checked="" type="checkbox"/>

E-Mail Contacts Insert

Address Information Insert

☐ View All Addresses

Primary Residence 06/06/2016 - Present Edit Delete

Options: [] Go Save Close

7. There are a number of types of addresses a person can have: Primary Residence, Mailing, Secondary Residence, Responsible Person, Last Known, Parent Home Address, Parent Not Residing in Household, and Work. Select the appropriate type. The Entry Date defaults to today's date but can be edited.

Address Management 'Andrews, Annie M.' ID:9222721 -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Name

Name: Andrews, Annie M. ID: 9222721

Address

Type: [v] Entry Date: 02/15/2017 End Date: 00/00/0000

C/O: []

Street: [] [] [] Apt: []

County of Residence: [v]

VM City: [v]

City: [] State: VM ZIP: [] Country: United States [v]

Phone

Phone: [] Ext: [] Cell: [] Alt Phone: [] Alt Ext: [] Fax: []

E-Mail: [] Secondary E-Mail: []

Save Close

8. The Education tab is a record of a child's education history. See the Education Records User Guide for additional information.

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Basic Parent Info Additional Address **Education** Characteristics Medical/Mental Health Supplemental MMH

Basic Education Information

☐ Child is less than age five and does not attend early education or day care. ☐ Child is less than age five and attends child care that is not early education, pre-school or 4K.

☐ The child is in an early intervention program. ☐ School district has been notified of child's placement (if age two or older).

☐ Child is in day treatment. ☐ Child was attending school but is currently listed as missing from the out-of-home placement.

☐ Child is of school age but is not attending school. Provide explanation.

☐ Child is Currently Enrolled in School Highest Grade Level Completed: Seven

Describe current academic performance. Include grade level, special achievements and current educational difficulty(s). Include the date and source of your information.

Diploma/Certificate: Diploma/Certificate Date: 00/00/0000

Anticipated High School Graduation Date: 00/00/0000 Updated On: 00/00/0000 By:

Individualized Education Plan

☐ Child has an individualized education plan ☐ Copy of IEP in Record ☐ Extended School Year Last Updated By: Caitlin M. Cake, III

Options: Save Close

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Basic Parent Info Additional Address **Education** Characteristics Medical/Mental Health Supplemental MMH

Education Portal

WMSd: No Match Details

School District Jurisdiction History

School District of Jurisdiction	Start Date	Reason for Change	Contact Person	Phone Number
Madison Metropolitan Sch	09/04/2000	Enrolled in Public School		(111)111-2222

Notify Delete Insert

School History

School Name	School Type	Program Type	Program	Grade	Spec Ed	Start Date	Completion Status
Madison Waldorf School	Public School	Regular Education		3rd		09/06/2011	Pending

Delete Edit Copy Insert

Education Passport

Type	Date Completed	School	Updated By
Existing Care			Caitlin M. Cake, III

Edit

Options: Save Close

- The Characteristics tab, which consists of both AFCARS and NCANDS elements, is used to document a person's Disability/Special Needs Information, Chronic/Medically Complex Conditions, Health Status Outcome Measures, and Substance Use/Behavior Problems. Primary Caretaker(s) Information can also be documented here. Before a case can be closed, the system requires a value be selected from the "Person has a Clinically Diagnosed Disability" dropdown. If Yes is selected, at least one disability must be identified. Any Standard Program Services, entered via Maintain > Standard Program Services, will also appear on this page (see the Standard Program Services User Guide for additional information).

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWISACWIS Print Spell Check Help

Basic Parent Info Additional Address Education **Characteristics** Medical/Mental Health Supplemental MMH

Disability/Special Needs Information

Person has a Clinically Diagnosed Disability: No

☐ Learning Disability [Details](#)
☐ Other Medically Diagnosed Conditions [Details](#)
☐ Emotionally Disturbed [Details](#)

☐ Mental Retardation [Details](#)
☐ Asthma [Details](#)
☐ Diabetes [Details](#)
☐ Anxiety [Details](#)
☐ Depression [Details](#)

☐ Physically Disabled [Details](#)
☐ Seizure Disorder [Details](#)
☐ ADD [Details](#)
☐ Other [Details](#)

☐ Visually/Hearing Impaired [Details](#)
☐ Congenital Malformation [Details](#)
☐ ADHD [Details](#)
☐ Severe ED [Details](#)
☐ Reactive Attachment Disorder [Details](#)

Chronic/Medically Complex Conditions

Select those values which have been diagnosed by a physician, psychologist or other qualified mental health professional. [Details](#)

☐ Developmental Delay
 ☐ Medically Complex Child
 ☐ Medically Fragile Infant
 ☐ Prematurity
 ☐ Technology Dependent
 ☐ Weight Concern

Health Status Outcome Measures

Date Screened	Health Status Score	Health Needs Score	Details
07/08/2011	2	A	Delete

[Insert](#)

Substance Use/Behavior Problem

☐ Alcohol Freq.:
☐ Marijuana Freq.:

☐ Drugs Freq.:
☐ Solvents Freq.:

☐ Tobacco Freq.:
☐ Behavior Problem [Details](#)

Options: [Go](#) [Save](#) [Close](#)

Place the cursor over the Details flare next to a value for additional information.

Basic Parent Info Additional Address Education **Characteristics** Medical/Mental Health Supplemental MMH

Disability/Special Needs Information

Person has a Clinically Diagnosed Disability: No

☐ Learning Disability [Details](#)
☐ Other Medically Diagnosed Conditions [Details](#)
☐ Emotionally Disturbed [Details](#)

☐ Mental Retardation [Details](#)
☐ Asthma [Details](#)
☐ Diabetes [Details](#)
☐ Anxiety [Details](#)
☐ Depression [Details](#)

☐ Physically Disabled [Details](#)
☐ Seizure Disorder [Details](#)
☐ ADD [Details](#)
☐ Other [Details](#)

☐ Visually/Hearing Impaired [Details](#)
☐ Congenital Malformation [Details](#)
☐ ADHD [Details](#)
☐ Severe ED [Details](#)
☐ Reactive Attachment Disorder [Details](#)

Chronic/Medically Complex Conditions

Select those values which have been diagnosed by a physician, psychologist or other qualified mental health professional. [Details](#)

☐ Developmental Delay
 ☐ Medically Complex Child
 ☐ Medically Fragile Infant
 ☐ Prematurity
 ☐ Technology Dependent
 ☐ Weight Concern

Health Status Outcome Measures

Date Screened	Health Status Score	Health Needs Score	Details
07/08/2011	2	A	Delete

Learning Disability:

A disorder in one or more of the child's basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to use mathematical calculations. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

[Save](#) [Close](#)

10. The Medical/Mental Health tab is used to document Health Concerns, Allergies, Primary Health Care Providers, Immunizations, Growth Chart Measurements, Health Insurance, Emergency Contact information and other pertinent medical information.

- To enter a new Health Concern click the Insert button in the Health Concern Information group box, or click [Copy](#) next to an existing row to copy the associated Medical/Provider Name information.

Basic	Parent Info	Additional	Address	Education	Characteristics	Medical/Mental Health	Supplemental MMH
Health Concern Information							
Health Concern	Medical/Provider Name	Type of Appointment/Hospitalization	Provider Type	Begin Date	End Date		
Details of the health concern...	Thomas, River	Annual Foster Child Physical Exam	Physician	11/02/2015	11/02/2015	Edit	Copy
Details of the health concern should be documented here...	Thomas, River	Child Protective Exam/CPC Child Protective Exam	Physician	10/03/2012	10/03/2012	Edit	Copy
Details of the health concern should be documented here...	Thomas, River	Child Protective Exam/CPC Child Protective Exam	Physician	09/23/2008	09/23/2008	Edit	Copy
Health Concern details will display here	Smith, John	Preventative Dental Visit	Dentist	09/22/2008	09/22/2008	Edit	Copy
							Insert
Allergies							
<input type="checkbox"/> The child has allergies. Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below.							
<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Lice, scabies, worms <input type="button" value="Specify"/>							
<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Chronic, diaper rash, impetigo <input type="button" value="Specify"/>							
<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Treatment for skin trouble, rashes, hives, breaking out, acne <input type="button" value="Specify"/>							
<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Eczema <input type="button" value="Specify"/>							
<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Other <input type="button" value="Specify"/>							

Basic Information

Primary Health Care Provider:

Physician: [Thomas, River](#)

Dentist: [Smith, John](#)

Mental Health:

Other Physical or Mental Health Specialists or Clinics:

Name	Specialty	Telephone	Ext.
Insert			

Preferred Hospital / Clinic. Note: Use of a hospital may be dictated by insurance company/plan.

Name	Address (Street, City, State, Zip Code)	Telephone	Ext.



Immunization Information

☒ Immunizations Up To Date

Date:



Growth Chart Measurements



Health Insurance Company/HMO



☐ Child has chronic physical, mental, or emotional issues. Describe in detail.



☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.

Last AODA Evaluation:

Last MH Evaluation:

Medical Assistance #:

Emergency Contact Information

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext.
Name of Emergency Contact	Guardian	(608)123-1234			
Delete					

[Insert](#)

Options: [Go](#)

[Save](#)

[Close](#)

11. Clicking on the Insert button inside the Health Concern Information group box will open the Health Concern page. The Health Concern page is used to document a health concern, medical provider type and address, and whether that medical provider is a primary provider.
 - If the Primary checkbox is selected, the medical provider's name appears back on the Medical/Mental Health tab. Additionally, the provider's name and demographic information prefills to the Permanency Plan.
 - Select the visit type from the drop-down box.
 - Enter the Appointment/Hospitalization Begin Date. All types except for Hospitalization, are considered an appointment (occurred on the same day) and will automatically prefill the end date with the same date. Hospitalization will allow for entry of a date range.
 - Enter any applicable procedure and diagnosis information.

Note: Depending on the Appointment/Hospitalization Type selected, additional information may be required. For instance, if the Type 'Well Child Exam/Visit' (Medical Provider/Clinic Type = Physician), indicate the Health Check Period.

12. Enter any medications prescribed in the Medications group box on the page. Click the Insert button to add multiple medications. Use the [List of Medications hyperlink](#) to find the exact spelling of a particular medication if you do not know it. Use the [Psychotropic](#) checkbox to identify if the medication is psychotropic.

13. Click Save to return to the Medical/Mental Health tab in Person Management.
14. A summary row prefills to the Health Concern Information group box. Select the [Edit](#) hyperlink to modify the Health Concern. Click a column header to sort multiple Health Concerns by that column.
15. A Physician, Dentist or Mental Health provider designated as primary on a Health Concern will display in the Basic Information group box.

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWISACWIS Print Spell Check Help

Basic Parent Info Additional Address Education Characteristics **Medical/Mental Health** Supplemental MMH

Specify
☐ ☐ ☒ Other
 Specify

Basic Information
 Primary Health Care Provider:
 Physician: [Thomas, River](#) Dentist: [Smith, John](#) Mental Health:
 ☒ Immunizations Up To Date Date: 05/10/2012

☐ Child has chronic physical, mental, or emotional issues. Describe in detail.
☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.
 Last AODA Evaluation: 00/00/0000 Last MHEvaluation: 00/00/0000 Medical Assistance #:

Emergency Contact Information

Name:	Relationship to Child:	Home Phone	Cell Phone	Work Phone	Ext
Name of Emergency Contact	Guardian	(608) 123-1234			

Options:

16. Click the Immunization Information expando. Immunization information for children who have received immunizations in Wisconsin can be imported directly from the Wisconsin Immunization Registry (WIR). Click the WIR Import button to import available records*.

Immunization Information — [Immunization Schedule](#) [Wisconsin Immunization Registry](#)

Immunization	Date(s) Administered	
Tetanus and diphtheria toxoids and acellular pertussis (Tdap) ▼	03/02/2008	Delete
Measles, mumps, and rubella (MMR) ▼	03/02/2008	Delete

Date of last import: 11/13/2015 **WIR Import** **Insert**

*If more than one child is found, a selection page with additional information appears.

Note: Clicking the [Immunization Schedule](#) hyperlink opens the CDC immunization schedules.

17. Click the Insert button to enter immunizations not in WIR (e.g. immunizations administered outside of Wisconsin or that may not yet be entered in WIR). Select the appropriate immunization from the drop-down and enter the date administered. Click Save when finished.

Immunization Information — [Immunization Schedule](#) [Wisconsin Immunization Registry](#)


Immunization	Date(s) Administered	
Influenza	05/05/2011	
Adeno T4	11/13/2010	
MMRV	10/10/2010	
Pneumo-Conjugate 7	11/13/2008	
Td	11/13/2008	
Varicella	11/13/2008	
Tetanus and diphtheria toxoids and acellular pertussis (Tdap) ▼	03/02/2008	Delete
Measles, mumps, and rubella (MMR) ▼	03/02/2008	Delete

Date of last import: 11/17/2015 **WIR Import** **Insert**

Note: A duplicate immunization entry may occur when one has been manually inserted, and then is added via the WIR Import. In this circumstance, delete the manually entered row by selecting the [Delete](#) hyperlink next to the immunization.

Note: Click the [Wisconsin Immunization Registry](#) hyperlink to open the enhanced view of the child's immunization history and recommended immunizations in WIR.

18. Click the Growth Chart Measurements expando to view or enter information. Click the Insert button to insert a new row within which the Percentile(s) of measurement(s), Age of Child, and Date of Measurements can be recorded.


 Growth Chart Measurements

Growth Chart Measurements

Percentile of Child's Height	Percentile of Child's Weight	Percentile of Head Circumference	Age of Child	Date of Measurements	
98	80	95	12	11/03/2014	Delete

[Insert](#)

22. Click the Health Insurance Company/HMO expando to view or enter information. Click the Insert button to insert a new row within which the Insurance Company/HMO, Phone #, Policy #, Group # and Subscriber information can be recorded.

 Health Insurance Company/HMO

Health Insurance Company/HMO

Insurance Company/HMO	Phone	Policy #	Group #	Subscriber	
Name of Insurance Company	(608)222-2222	LMN562257	GP123456	Name of Subscriber	Delete

[Insert](#)

23. If applicable, select the checkbox for “Child has chronic physical, mental, or emotional issues. Describe in detail.” or “Child had had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.” Once selected, a narrative box displays and is required for the question.

☒ Child has chronic physical, mental, or emotional issues. Describe in detail.

Enter narrative here...

[More...](#) [Less...](#) [Default](#)

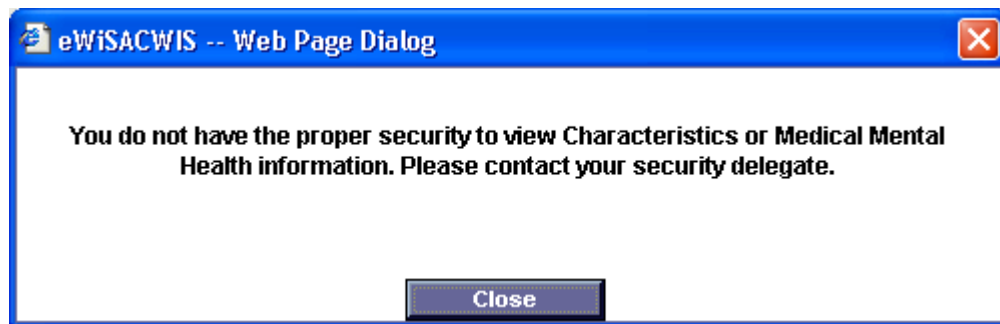
☒ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.

Enter narrative here...

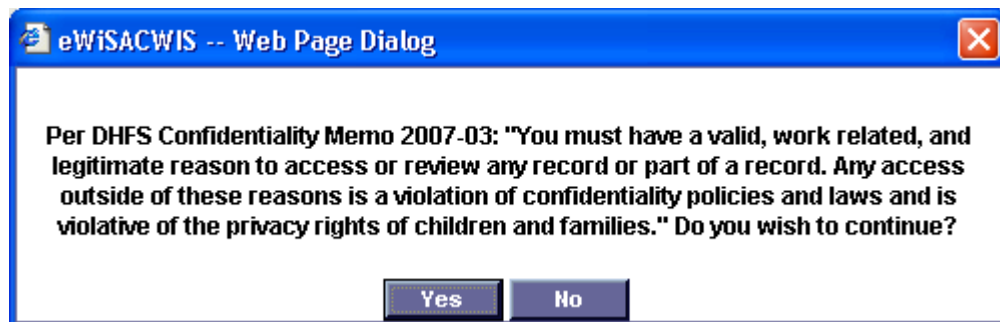
[More...](#) [Less...](#) [Default](#)

24. The Last AODA and/or Mental Health (MH) Evaluation and associated dates, along with Emergency Contact Information, complete the information which can be recorded within the Medical/Mental Health tab. Select the Save button to save information across all tabs within Person Management.

25. The following message will appear for those people who do not have security to view the Characteristics and Medical / Mental Health information on cases they are not assigned to through Search. They will not be able to view the information.



26. The following message will appear for those people who have security to view the Characteristics and Medical/Mental Health information on cases they are not assigned to through Search. They will be able to view the information.



27. The Supplemental MMH tab is used to document details about the individual's medical and mental health conditions, appointment and treatment information, feeding concerns, life functioning needs, and other pertinent medical/mental health information.

Basic	Parent Info	Additional	Address	Education	Characteristics	Medical/Mental Health	Supplemental MMH
Developmental Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below. <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Unable to indicate wants and/or needs ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Difficulty understanding simple routines or simple tasks ▶ Specify							
Brain or Head Concerns Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below. <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Serious head injury or loss of consciousness ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Headaches, migraines, dizziness, coordination or balance problems ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Traumatic Brain Injury ▶ Specify							
Heart and Lungs Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below. <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Short of breath, swollen ankles ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> High or low blood pressure ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Heart trouble or murmur, chest pain, irregular heartbeat ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Flu, pneumonia ▶ Specify <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Wheezing, bronchitis ▶ Specify							
Eye, Ear, Nose, Throat, or Dental Problems Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below. <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> Trouble swallowing, speaking, persistent hoarseness ▶ Specify							
Options: <input type="text"/> <input type="button" value="Go"/>						<input type="button" value="Save"/> <input type="button" value="Close"/>	

Systemic Conditions

Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below.

- ☐ ☐ ☒ Colic
Specify
- ☐ ☐ ☒ Numbness or loss of strength in hand, arm or leg
Specify
- ☐ ☐ ☒ Urinary, prostate, gall bladder, kidney problems
Specify
- ☐ ☐ ☒ Reflux, choking, heartburn, ulcers
Specify
- ☐ ☐ ☒ Constipation, diarrhea, blood in stool, uses laxatives
Specify
- ☐ ☐ ☒ Sprain or dislocation of bone or joint; e.g., brittle bones or rolling joints
Specify
- ☐ ☐ ☒ Arthritis, backaches, cramps, bursitis, or pain in legs
Specify

Medical Illness or Diagnosis

Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below.

- ☐ ☐ ☒ Check illness child has had, as applicable
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 7 day measles | <input type="checkbox"/> H1N1 | <input type="checkbox"/> Rubella | <input type="checkbox"/> Strep throat |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> German measles | <input type="checkbox"/> Other: <input type="text"/> | | |
- Specify
- ☐ ☐ ☒ Polio
Specify
- ☐ ☐ ☒ Hepatitis B
Date of last test (mm/dd/yyyy)
Specify
- ☐ ☐ ☒ Tuberculosis (TB)
Specify
- ☐ ☐ ☒ AIDS/HIV

Options:

Basic	Parent Info	Additional	Address	Education	Characteristics	Medical/Mental Health	Supplemental MMH
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Medical Appointments and Treatment

Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below.

☐ ☐ ☒ Requires care of medical equipment

Specify

☐ ☐ ☒ Medical tests (Check those that apply and when the tests were completed)

<input type="checkbox"/> CAT scan	<input type="text" value="00/00/0000"/>	<input type="checkbox"/> EEG	<input type="text" value="00/00/0000"/>	<input type="checkbox"/> MRI	<input type="text" value="00/00/0000"/>	<input type="checkbox"/> TB skin test	<input type="text" value="00/00/0000"/>
<input type="checkbox"/> Chest x-ray	<input type="text" value="00/00/0000"/>	<input type="checkbox"/> EKG	<input type="text" value="00/00/0000"/>	<input type="checkbox"/> Pap test	<input type="text" value="00/00/0000"/>	<input type="checkbox"/> Other	<input type="text" value="00/00/0000"/>

Specify

☐ ☐ ☒ Recent hospitalization

Specify

Formula and Feeding Restrictions

Y N Select Y (Yes) or N (No) for each category listed below.

☐ ☒ The child has feeding restrictions; e.g., solids, cups or bottles, swallowing problems, allergies, or dietary restrictions or issues

Specify

☐ ☒ The child is fed by G-tube

Specify

Other Life Functioning Needs

Y N U Select Y (Yes), N (No) or U (Unknown) for each category listed below.

☐ ☐ ☒ Difficulty in social relationships with same age peers

Specify

☐ ☐ ☒ Difficulty in social relationships with adults

Specify

☐ ☐ ☒ No engagement or interest in recreational activities

Specify

☐ ☐ ☒ Does not sleep through the night, including nightmares, sleepwalking

Specify

















☐ ☐ ☒ Wets the bed

Specify

☐ ☐ ☒ Concerns with independent living (e.g. difficulty with cooking and/or cleaning, problems with money management)

Specify

Options:

Basic	Parent Info	Additional	Address	Education	Characteristics	Medical/Mental Health	Supplemental MMH
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Difficulty in social relationships with adults				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	No engagement or interest in recreational activities				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Does not sleep through the night, including nightmares, sleepwalking				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Wets the bed				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Concerns with independent living (e.g. difficulty with cooking and/or cleaning, problems with money management)				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Difficulty in relationships with parents and/or siblings (e.g. arguing, difficulty in maintaining a positive relationship)				
			 Specify				
Mental Health Needs							
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	History of mental health needs or diagnosis in family				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Lethargic, apathetic, withdrawn, unresponsive				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Extreme fears or phobias				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Frequent mental health treatment or hospitalizations				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Psychiatric diagnosis				
			 Specify				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Exploited				
			 Specify				
Substance Use or Abuse							
Y	N	U	Select Y (Yes), N (No) or U (Unknown) for each category listed below.				
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Fetal alcohol effects or syndrome				
			 Specify				
Options: <input type="text"/> 							
							

28. The Options drop-down on each tab on Person Management has the value of 'Assets and Income'. See the Assets and Income User Guide for more information.

Person Management 'Andrews, Annie M. (9222721)' -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Basic Parent Info Additional Address Education Characteristics Medical/Mental Health Supplemental MMH

Name
ID: 9222721 Prefix: [v] First Name: [Annie] MI: [M] Last Name: [Andrews] Suffix: [v]
[Person Type:](#) CPS ☐ This is an Unborn Child ☐ Live birth did not occur

Basic
Gender: [Female] **US Citizen Status:** [U.S. Citizen] **County Person ID:** [v]
Birth Date: [10/09/2005] **Citizenship Verification:** [Birth Certificate] **SSN:** [111-11-1111]
Commitment#: [v] **Birth Place:** [v] **Death Date:** [00/00/0000]
Wisconsin Resident: [Yes] **Identity:** [v] **HSRS ID:** [v]
Religion: [v] **Marital Status:** [v] **MCI ID:** [v]
Preferred Place of Worship: [v]
☐ Interpreter Required **Primary Language:** [English] **Second Language:** [v]
Third Language: [v] **Fourth Language:** [v]

Race/Ethnicity/Tribal Identification
Race: [White] **Ethnicity:** [Caucasian] **Hispanic/Latino:** No
Race: [v] **Indian Tribe:** [v] **Indian Tribe 2:** [v]
Race: [v] **Clan:** [v] **Clan 2:** [v]
Race: [v] **Status:** [v] **Status 2:** [v]
Race: [v] **Tribal Membership #:** [v]

Adoption History
Child was previously Adopted: [No]

Options: [v] **Go** **Save** **Close**
Action
Assets and Income